

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2569NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2009
NAME OF PROVIDER OR SUPPLIER CENTER FOR BEHAVIORAL HEALTH LV-DESERT INN		STREET ADDRESS, CITY, STATE, ZIP CODE 3050 E DESERT INN RD SUITE 116 LAS VEGAS, NV 89121		
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N 00	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a State Licensure survey conducted at your facility on 6/24/09. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	N 00		
N169 SS=E	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: 42 Code of Federal Regulations 8.12 Federal opioid treatment standards (c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	Continued From page 1 things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes. (4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services. (e) Patient admission criteria. (1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physical shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed	N169			

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N169	Continued From page 2 written consent to treatment. (2) Treatment program decisions on dispensing opioid treatment medications to patients for unsupervised use beyond that set forth in paragraph (i)(1) of this section, shall be determined by the medical director. In determining which patients may be permitted unsupervised use, the medical director shall consider the following take-home criteria in determining whether a patient is responsible in handling opioid drugs for unsupervised use. (i) Absence of recent abuse of drugs (opioid or nonnarcotic), including alcohol; (ii) Regularity of clinic attendance; (iii) Absence of serious behavioral problems at the clinic; (iv) Absence of known recent criminal activity, e.g., drug dealing; (v) Stability of the patient's home environment and social relationships; (vi) Length of time in comprehensive maintenance treatment; (vii) Assurance that take-home medication can be safely stored within the patient's home; and (viii) Whether the rehabilitative benefit the patient derived from decreasing the frequency of clinic attendance outweighs the potential risks of diversion. (3) Such determinations and the basis for such determinations consistent with the criteria outlined in paragraph (i)(2) of this section shall be documented in the patient's medical record. If it is determined that a patient is responsible in handling opioid drugs, the following restrictions apply: (6) Drug abuse testing services. OTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted	N169		

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N169	<p>Continued From page 3</p> <p>clinical practice. For patients in short-term detoxification treatment, the OTP shall perform at least one initial drug abuse test. For patients receiving long-term detoxification treatment, the program shall perform initial and monthly random tests on each patient.</p> <p>Based on record review on 6/24/09, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8 by not annually reviewing its policies and procedures, by not ensuring that periodic assessments were conducted per policy frequency for 4 of 22 patients, by not ensuring that consents were complete for 1 of 22 patients, by allowing 1 of 22 patients to receive unsupervised methadone take homes other than Sunday take homes without meeting take home criteria and by not testing the urine of 1 of 22 patients on admission for controlled substances.</p> <p>Findings include:</p> <p>A policy titled, "Responsibility of the Medical Director" was reviewed. The policy indicated the medical director was responsible for yearly updates of a patient's current medication, physical condition and vital signs.</p> <p>A policy titled, "Initial and On-going Assessments" was reviewed. The policy indicated that biopsychosocial assessments will be conducted on admission and yearly.</p> <p>Patient #2 - Admission date was 9/7/07. The file did not contain an annual physical for 2008.</p> <p>Patient #9 - The patient transferred from another clinic on 3/18/09. The file did not contain the second page of the informed consent with the</p>	N169		

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N169	Continued From page 4 patient's signature. Patient #13 - Admission date was 8/25/06. The file contained an annual physical dated 4/4/08, but did not contain an annual physical for April of 2009. The file also did not contain an annual bio-psychosocial assessment for 2008. Patient #14 - Counselor notes dated 1/12/09 indicated the patient's take home privileges were reduced to Level I (daily) due to the benzodiazapine policy. A take home justification form dated 1/20/09 indicated the patient was reduced to Level I (daily) due to a urinalysis report. The medication administration record indicated the patient's take home level was Level IV (weekly). The "tracker" also indicated the patient's take home level was Level IV (weekly). The file did not contain any subsequent justification forms after 1/12/09 or 1/20/09 increasing the patient's take home privileges from Level I to Level IV. Patient #16 - Admission date was 11/8/07. The file did not contain an annual bio-psychosocial assessment for 2008. Patient #17 - Admission date was 6/8/09. The medication record indicated the patient's urine was positive for opiates, but the file did not contain a laboratory urinalysis report. Severity: 2 Scope: 2	N169			
N175 SS=D	449.1548(10) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:	N175			

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N175	<p>Continued From page 5</p> <p>10. Comply with all applicable local laws and regulations, including, but not limited to, zoning laws and regulations.</p> <p>This Regulation is not met as evidenced by: International Fire Code, 2003</p> <p>Chapter 10 Means of Egress.</p> <p>[B] Section 1011 Exit Signs.</p> <p>1011.2 Illumination. Exit signs shall be internally or externally illuminated.</p> <p>Based on observations and record review on 6/24/09, the facility did not ensure that 1 of 3 exit lights were illuminated.</p> <p>Findings include:</p> <p>During a tour of the facility at 5:30AM, the exit sign located near dosing window #1 was not illuminated.</p> <p>Severity: 2 Scope: 1</p>	N175			

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